

**c c c TUBERCULOSIS SCREENING c c c**

For clients with potential exposure to someone with tuberculosis (TB), a Mantoux tuberculin skin test will be placed to see if the client was infected with the TB bacteria. The use of BCG, is **not** recommended in the United States and should not influence the PPD Skin Test.

Name \_\_\_\_\_ Social Security Number \_\_\_\_\_ Position \_\_\_\_\_

**Initial test date:**\_\_\_\_\_ **Injection Site:**\_\_\_\_\_ **By whom:**\_\_\_\_\_

Date read:\_\_\_\_\_ By whom:\_\_\_\_\_ Result:\_\_\_\_\_ mm of induration

**Second test date:**\_\_\_\_\_ **Injection Site:**\_\_\_\_\_ **By whom:**\_\_\_\_\_

Date read:\_\_\_\_\_ By whom:\_\_\_\_\_ Result:\_\_\_\_\_ mm of induration

If positive, date of chest x-ray and results:\_\_\_\_\_

Recommendations / Treatment:\_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

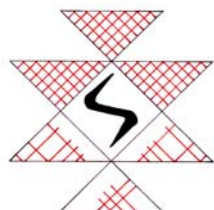
Client acknowledges they have received a copy of their results by signing below:

Client signature:\_\_\_\_\_

Test Date	Injection Site	By Whom	Date Read	By Whom	Result (mm)

Comments on any of the above results:\_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



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